

Kishwaukee Health Foundation

**James J. Feeney, MD, Memorial Scholarship
Application**

Please print or type

Name _____
(First) (Middle) (Last)

Street address _____

City & Zip code _____

Telephone _____ Birth date _____

Marital status _____ Spouse's name _____

Dependents (age & relationship) _____

What is your expected academic level as of this September? _____

Professional goal _____

School you will attend this fall _____

Expected graduation date _____

Residency plans _____ Dorm / home/ other (specify)

List all schools attended beginning with high school. ***Transcripts from all institutions must accompany application.***

List all health-related job experience and dates of employment as well as volunteer activities.

What honors (academic or otherwise) have you received and when?

If you are not currently enrolled in school, how have you been occupied since leaving school?

Resources and Anticipated Expenses for the Coming School Year: *List Below*

Resources

(Estimated per academic year)

Applicant _____
Spouse _____
Parents Contribution _____
Friends/Relatives _____
Personal Savings _____
Loans _____
Other _____
Scholarships, Grants etc.
 1. Received _____
 2. Applied for _____

Total _____

Expenses

(Per academic year)

Tuition & Fees _____
Room/Board _____
Books/Supplies _____
Personal _____
Other _____

Total _____

Do you contribute to the support of any other person(s) or have other financial obligations? If so, explain. (Example: current loan(s), amount(s) and when due.)

Completed applications and supportive documentation must be postmarked by May 1 preceding the academic scholarship year.

Committee Use Only:

Transcripts	Acceptance	Rating
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